| | P | ATENT A | • | | | ETERMIN m PTO-875 | ~ 110 | o a cobectio N RECO live Decen | טאי | | App | splays a valid | OMI Chal | control num |
|---------------------------------------------------|---------------------------------------------------------------|------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|---------------------------|----------------------------------------------------------|----------|--------------------------------------|-----------|--------------------------|-------------|------------------|-------------|---------------------------|
| | | APPLICA | ATION AS | S FILED - | PAR | T (Column 2) | | | | ENTITY | OR | 0' SM | THE | R THAN ENTITY |
| | FOR | | NUMBER FILED | | NUMBER EXTRA | | | RATE (1) | | | | | | |
| | BASIC FEE (37 CFR.1 16(4), (b), cr (c)) | | N/A · | | N/A | | \neg | | | 150.00 | | RATE (1) | | FEER |
| SEARC | SEARCH FEE (37 CFR 1 18(4), (1), or (m)). | | N/A | | N/A . | | 7 | N/A | | \$250 | 1 | N/A | | 300.00 |
| EXAMIN | EXAMINATION FEE (37 CFR + 16(9), (p), or (q)) | | N/A | | · N/A | | \dashv | ·NVA | | | | N/A | | \$500 |
| TOTAL (| TOTAL CLAIMS: (37 CFR 1 16(i)) | | 40 minus 20 = | | 20 | | \dashv | X\$ 25 | | \$100 | | NA | | \$200 |
| INDEPE | INDEPENDENT CLAIMS | | 4 minus 3 = | | | | | X100 | - | 500 | OR | X\$50 | - | |
| | TION SIZE | is \$ add | If the specification and di sheets of paper, the appl is \$250 (\$125 for small e additional 50 sheets or fro 35 U.S.C. 41(a)(1)(G) and | | | n size fee due foreach thereof : See | 14 | 7,100 | | 160 | | X200 | | |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 OFR 1.16(j)) | | | | | | | J[| +180= | | | l | +360= | + | |
| "If the date | erance in co | olumn 1 is le | ss then zero | , enter 10° in | colum | n 2. | | TOTAL | 1 | 100 | · . | TOTAL | 1 | |
| A To | 81-06 | (Column 1) CLAMS REMAININ AFTER AMENDMEN | G | (Colum HIGHE NUMB PREVION PAID F | m, 2) ST ER USLY | 2) (Column 3) I PRESENT | | SMALL RATE (5) | ı n | ADDI- IONAI EE (S) | 9 | SMALI RATE (\$) | | |
| Independ | I.IKAIJ | 4 | Minus | T 4 | , | 0 | > | (100 | | | ~~ ⊢ | 200 | | |
| - | Application Size Fee (37 CFR 1.16(s)) | | | | | | | | | | * - | | 1 | |
| FIRST P | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR.1.160) | | | | | | | 180= | | | R T | 360= | | |
| | | | | | <i>:</i> | | 75 | TAL D'L FEE | | \sum \circ | | OTAL DO'L FEE | | |
| T | | Column 1) CUAIMS | | (Column | | (Column 3) | 1 | | | | | | | |
| Tota | , AA | EMAINING AFTER MENDMENT | - | NUMBER PREVIOUS PAID FOR | LY | PRESENT EXTRA | R | ATE (S) | AD TIO | NAL | \[\text{'} | RATE (\$) | T | ADOI- IONAL EE (\$) |
| Independe | e(i) | | Minus | •• | | = | X | 25 . | | OR | XS | 50 . | | -6(0) |
| CHERLI | ຄວະນ. | 77.055 | Minus | ••• | 1 | | XI | 00 . | | OR | Vo | 00 | | |
| 1. | | (37 CFR 1.1 | | | | | | | | | | | | |
| , , , , , | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (97 CFR 1.160) | | | | | | | | · | OR. | 1 43 | 360= | _ | |
| If the entry | / in column | 1 ks lace the | the erre | | بدس | r in column 3. | | AL L FEE | | • OR | TOT | AL L FEE | | |
| | | | | | | l' in column 3. 185 lhan 20, eni 185 lhan 3, enle: | er 20°. | | | | | | • | |

The Highest Number Previously Paid For' (Total or independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the ISPID to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, anchoing gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments in the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Petent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

DDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.